

L 130000038315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

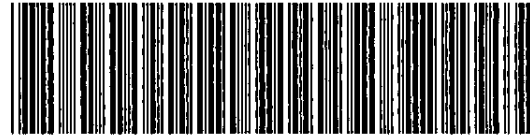
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
2-25-2013

02/22/13--01026--015 **125.00

FILED
13 FEB 22 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 13 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2013

ROBERT HUBBARD
1401 E. GADSDEN ST.
PENSACOLA, FL 32501

SUBJECT: BANANA SHACK, LLC
Ref. Number: W13000011195

We have received your document for BANANA SHACK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000042128 "BANANA SHACK, INC.".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 813A00004501

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BANANA SHACK OF DESTIN, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT HUBBARD
Name of Person
BANANA SHACK OF DESTIN, LLC
Firm/Company
1401 E. GADSDEN ST
Address
PENSACOLA, FL 32501
City/State and Zip Code
WIZARD RLH @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT HUBBARD at (850) 261-9696
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

ALREADY
SUBMITTED

Revised

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
2-25-2013

BANANA SHACK OF DESTIN, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

BANANA SHACK OF DESTIN, LLC
1401 E. GADSDEN ST
PENSACOLA, FL 32501

BANANA SHACK OF DESTIN, LLC
1401 E. GADSDEN ST
PENSACOLA, FL 32501

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ROBERT HUBBARD
Name
1401 E. GADSDEN ST
Florida street address (P.O. Box NOT acceptable)
PENSACOLA FL 32501
City, State, and Zip

FILED
13 FEB 22 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

Name and Address:

"MGRM" = Managing Member

ROBERT HUBBARD

1401 E. GAUSDEN ST

PENSACOLA, FL 32501

WENDY GREENE

7264 JACOBS TRAIL

NAVARRE FL 32566

ARTICLE V: Effective date, if other than the date of filing: 2-25-2013. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Robert H. Hults

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ROBERT HUBBARD

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)